

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001985

1. Entity Name

PWRPB PROPERTIES, L.L.C.

FILED

00 JAN 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13005 STATE ROAD 80, SUITE 225
LOXAHATCHEE FL 33470

Mailing Address

13005 STATE ROAD 80, SUITE 225
LOXAHATCHEE FL 33470-9272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

11337 Okeechobee Blvd.

Suite, Apt. #, etc.

11337 Okeechobee Blvd.

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

Zip

33411

Country

USA

4. FEI Number

65-0874626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAUMEL, ERIC M

13005 STATE ROAD 80, SUITE 225
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

11337 Okeechobee Blvd.

City

Royal Palm Beach

FL

Zip Code

33411

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME BAUMEL, ERIC M
STREET ADDRESS 14791 FARRIER PLACE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE MGR ☐ Delete
NAME DEWAR, DONALD
STREET ADDRESS 8577 ESTATE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 400003118364-9
STREET ADDRESS -02/01/00--01068--001
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Eric Baumei, M.D., Apr. 11/18/00

Date

561795 5558

Daytime Phone #